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Mar 22, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000005333

1. Corporation Name

CAPITAL CULTURAL CENTER, INC.

Principal Place of Business

350 S DUVAL ST
TALLAHASSEE FL 32302

Mailing Address

345 S MAGNOLIA DR
SUITE B-12
TALLAHASSEE FL 32301



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 11/09/1995 4. FEI Number 59-3342994 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

GEEKER, VAN P
227 S CALHOUN ST
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HINKLE, LEE	1.2 NAME	Steve Ecenia
STREET ADDRESS	2916 ABBOTSFORD WAY	1.3 STREET ADDRESS	652 Forest Fair
CITY-ST-ZIP	TALLAHASSEE FL 32312	1.4 CITY-ST-ZIP	Tallahassee, FL 32312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Treasurer
NAME	MOELLER, WILLIAM	2.2 NAME	Randy Pople
STREET ADDRESS	1239 MITCHELL AVE	2.3 STREET ADDRESS	PO Box 1549, Tallahassee, FL 32303
CITY-ST-ZIP	TALLAHASSEE FL 32303	2.4 CITY-ST-ZIP	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Tony Lombardo
NAME	CUSICK, MICHAEL D	3.2 NAME	160 Rosehill Drive W.
STREET ADDRESS	864 E PARK AVE	3.3 STREET ADDRESS	Tallahassee, FL 32312
CITY-ST-ZIP	TALLAHASSEE FL 32301	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
NAME	SCHRIEFFER, ANNE	4.2 NAME	
STREET ADDRESS	RT 3 BOX 205	4.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL 32308	4.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	BAGGETT, FRED W	5.2 NAME	
STREET ADDRESS	101 EAST COLLEGE AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	BARBER, GLEN	6.2 NAME	
STREET ADDRESS	3137 MIDDLE BROOKS CIR	6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Denise
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)